

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4540HPC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2010
NAME OF PROVIDER OR SUPPLIER HOSPICE OF LAS VEGAS, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 5795 S RAINBOW BLVD STE 111 LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure Focused Survey conducted in your facility on 8/25/2010 - 8/27/10, in accordance with Nevada Administrative Code, Chapter 449, Provision of Hospice Care.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Fourteen patient files were reviewed. Two closed files were reviewed. Fifteen employee files were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	L 000		
L 057	<p>449.0184 GOVERNING BODY REQUIRED; DUTIES OF GOVE</p> <p>Every facility which provides a program of hospice care must have a governing body which shall:</p> <p>2. Ensure that all services provided by the program of hospice care are consistent with accepted standards of practice for the care of the patients.</p> <p>This Regulation is not met as evidenced by:</p>	L 057		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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L 057	Continued From page 1 Based on record review and staff interview, the agency governing body failed to ensure that services provided by the program were consistent with the patient's wishes for 2 of 14 patients. (Patient #3 and #4). 1. On 8/25/10, review of patient records revealed a lack of documentation of the patient's designation of a power of attorney (for healthcare decisions) for patients #3 and #4, Scope: 2 Severity: 1	L 057			
L 061	449.0185 REQUIREMENTS OF PROGRAM OF HOSPICE CARE A program of hospice care must comply with the following requirements: 4. Nursing care must be provided by a registered nurse or under the supervision of a registered nurse. This Regulation is not met as evidenced by: Based on record review and interview on 8/26/10, the agency failed to provide nursing care under the supervision of a Registered Nurse for 9 or 14 patients, (Patients #1, #2, #4, #6, #7, #8, #9, #12 and #13). 1. Record review revealed lack of documented evidence of supervision by a Registered Nurse of the nursing care provided by a licensed practical nurse. Severity: 2 Scope: 3	L 061			
L 064	449.0185 REQUIREMENTS OF PROGRAM OF HOSPICE CARE A program of hospice care must comply	L 064			

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L 064	Continued From page 2 with the following requirements: 7. Home health aide and homemaker services must be available to each patient and provided at intervals which meet the needs of each patient. A registered nurse must: (a) Supervise the persons providing such services; and (b) Prepare written instructions for the persons providing such services which identify the duties they are to perform. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to ensure the nursing care provided by a certified nurse assistant (C.N.A.) was under the supervision of a registered nurse for 3 or 14 patients, (Patients #4, #7, and #10). 1. Record review revealed lack of documented evidence of supervision of the C.N.A. by a Registered Nurse. Severity: 2 Scope: 1	L 064			
L9999	FINAL OBSERVATIONS NAC 441A.375(3) Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Mantoux tuberculin skin test, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.	L9999			

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L9999	<p>Continued From page 3</p> <p>If the employee has no documented history of a 2-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-step Mantoux tuberculin skin test must be administered. A single annual Mantoux tuberculin skin test must be administered thereafter.</p> <p>NAC 441A.375(4) An employee with a documented history of a positive Mantoux tuberculin skin test is exempt from screening with skin test or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>Based on record review and staff interview, the agency failed to provide tuberculosis testing or prehire physical as required under NAC 441A.375 for 4 of 15 employee files reviewed, (Employee #4, #8, #9 and #10).</p> <ol style="list-style-type: none"> On 8/26/10, review of the file of Employee #4 revealed there was no documentation of a previous positive Mantoux TB skin test. On 8/26/10, review of the file of Employee #8 and #10 revealed there was no documentation of a 2-step Mantoux TB skin test. On 8/26/10, review of the file of Employee #9 revealed there was no documentation of the required physical exam or certification by a licensed physician. <p>Severity: 2 Scope: 2</p>	L9999			

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